

HIV/AIDS in China and USAID Involvement

At the end of 1999, China's estimated adult HIV/AIDS prevalence remained relatively low at 0.1 percent, equivalent to 600,000 people infected.

HIV was first detected in 1985 in a Chinese national returning from an extended stay abroad. The majority of HIV/AIDS cases in China are clustered in particular geographic regions, but the disease has been detected in all provinces. Injecting drug use is the main mode of HIV transmission in the west and southwest regions, while unprotected sexual contact is the prevailing mode of transmission in coastal and metropolitan areas.

Injecting drug users, patients with sexually transmitted infections (STIs), sex workers, migrants, ethnic minorities, and men having sex with men are among the populations most vulnerable to HIV infection in China. According to the Ministry of Health, injecting drug use accounts for 70 percent of HIV infections, sexual contact accounts for 7 percent of cases, and contact with contaminated blood for 6 percent.

The Ministry of Health also reports that new HIV cases jumped 67 percent from June 2000 to June 2001. In the three previous years, annual growth in new HIV cases had been recorded at between 30 and 37 percent.

HIV is particularly concentrated in rural areas where unhygienic procedures were used to collect and reinject blood into donors beginning in the mid-1990s. According to international news reports, HIV prevalence is estimated at up to 80 percent in villages where residents sold their blood to purchasing stations, which commonly pooled the blood in one centrifuge, separated out the plasma, and reinjected red blood cells.

The Chinese epidemic has seen three historic shifts. From 1985 to 1989, sporadic infections appeared among Chinese travelers returning from stays abroad. From 1990 to 1994, HIV/AIDS spread among injecting drug users in the southern areas of Yunnan Province bordering Burma. Post-1994, the epidemic spread from drug users to other regions and additional groups at high risk of infection.

Due to insufficient surveillance and reporting mechanisms, it is estimated that only 5 percent of AIDS cases in China have been reported. Many policymakers and health care professionals think that China is currently in a position to stop the epidemic before it reaches the devastating heights experienced in other countries.



According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Chinese Ministry of Health:

- By the end of 2000, a total of 22,517 HIV/AIDS cases had been reported to the Ministry of Health. However, estimates put the true number of HIV/AIDS cases at about 600,000.
- Ninety percent of AIDS cases occur in those aged 20 to 50.
- In Yunnan Province (which borders the “golden triangle” poppy fields in Myanmar, Laos, and Thailand), 50 to 80 percent of injecting drug users are HIV-infected.
- China reports only four cases of mother-to-child transmission of HIV.
- More Chinese women are becoming infected. In 1997, the male-to-female infection ratio was 4:1; in 1998, it was close to 3:1.
- HIV infection among sex workers ranges from 0.01 percent to 1 percent. STI rates in this population range from 10 percent to 60 percent, with the average rate estimated at 30 percent.
- Reported STI cases rose from 5,800 in 1985 to more than 836,000 in 1999.
- Drug users who reported sharing injecting equipment increased from 25 percent in 1997 to 60 percent in 1998.

NATIONAL RESPONSE

A National AIDS Committee was established in 1986 in response to the first diagnosed case of HIV in 1985. In 1987, the National Programme for AIDS Prevention and Control was established, and in 1990, the Ministry of Health adopted a medium-term plan for the prevention and control of AIDS.

In 1994, China signed the Paris AIDS Declaration at the World AIDS Summit, indicating its political commitment to the global AIDS prevention effort. The Ministry of Health revitalized its national strategy in 1995 and issued a document titled “Suggestions on Strengthening AIDS Prevention and Control,” which proposed several key initiatives for combating HIV/AIDS. At this time, the government increased funds for the new National AIDS Committee and created the National AIDS Control Center.

A law on blood donations was promulgated in October 1998, stating that all blood collected for transfusion must come from non-paid, voluntary donors. Also in 1998, the Ministry of Health reduced its staff by 50 percent, slowing implementation of the national HIV/AIDS program.

A 1998-2010 Medium- and Long-Term Plan by China’s Ministry of Health, State Planning Commission, and the State Science and Technology Agency provided guidance to national and international partners on programs to facilitate China’s AIDS prevention strategies. The guidance emphasizes the need to keep HIV infection low throughout China so as not to disrupt the nation’s drive toward modernization.

Key Population, Health, and Socioeconomic Indicators		
Population	1.26 billion	China National Bureau of Statistics 2000
Growth Rate	0.7%	UN 1998
Life Expectancy	Male: 67.9 Female: 72.0	UN 1998
Total Fertility Rate	1.9	World Bank 1999
Infant Mortality Rate	38 per 1,000 live births	UNICEF 1998
Maternal Mortality Rate	900 per 100,000 live births	UNICEF 1999
GNP per capita (US\$)	860	World Bank 1999
Govt. health expenditure as % GDP	2.7%	WHO 1997
Adult Literacy	Male: 90.8% Female: 74.5%	UNESCO 1999

The Chinese government has recently focused more attention on the contributions of nongovernmental organizations (NGOs) in AIDS prevention and control. The first NGO/government conference on AIDS Prevention and Control resulted in an action plan that launched the Chinese NGO AIDS prevention movement.

In 2001, the State Development Planning Commission decided to invest approximately \$114 million in the establishment of a safe blood donation system, with supply stations planned throughout central and western China.

Since 1996, the Chinese Central Government has maintained an annual budget of \$1.8 million for AIDS prevention and control.

3.8 percent of Chinese are aware of how HIV is transmitted;

- Guaranteeing blood safety and safety from HIV transmission in health care settings;
- Improving the care of people living with HIV/AIDS;
- Creating an effective HIV/AIDS surveillance system and undertaking quality research; and
- Enhancing community participation in all aspects of HIV/AIDS programs.

USAID/DONOR SUPPORT

The **United States Agency for International Development** (USAID) is presently not allocating funds to China. However, several United Nations agencies, the World Health Organization, the European Union, and the World Bank are implementing HIV/AIDS projects in China. Bilateral donors include Sweden, Japan, Australia, Luxembourg, and the United Kingdom.

CHALLENGES

China is at a crucial stage in its HIV/AIDS epidemic; experts agree that it is still possible to keep the epidemic at bay in many regions. According to the Ministry of Health, the United Nations Theme Group on HIV/AIDS in China, and UNAIDS, China faces the following challenges in responding to the epidemic:

- Increasing political will to confront HIV/AIDS;
- Developing multisectoral approaches to HIV/AIDS prevention and mitigation;
- Raising the level of public awareness on HIV/AIDS, which has been shown in several surveys to be grossly inadequate. A recent Ministry of Health report indicates that only

SELECTED LINKS AND CONTACTS

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